

Inside I-Smile™ 2012

Annual Report on Iowa's Dental Home Initiative for Children
Iowa Department of Public Health · Bureau of Oral and Health Delivery Systems



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December of 2011 marked five full years of implementation for Iowa's I-Smile™ dental home initiative. The overall goal of I-Smile™ is to ensure that Medicaid-enrolled children have a dental home; yet we are finding in 2012 that the program's impact is stretching well beyond that measure.

As I-Smile™ was being developed in 2006, the intended outcome was an integrated service delivery system that would identify disease risk early, prevent tooth decay, improve care coordination, and strengthen parental involvement. And with each year of I-Smile™ activities, the numbers of at-risk children receiving services increase, improvements are made to the quality of dental care coordination services, and more parents and other stakeholders understand the importance of children's oral health.

Twenty-four I-Smile™ coordinators work within the state's Title V child health system helping Iowa families to access dental care as well as to understand the importance of oral health. In order to develop local I-Smile™ referral systems, coordinators rely on many partners which include dentists, medical professionals, civic organizations, businesses, schools, and other government programs such as Head Start and WIC (Special Supplemental Nutrition Program for Women, Infants, and Children).

In the end, the benefits of I-Smile™ are indeed helping to keep Iowa children healthy. This report reflects results from SFY2012.

TESTIMONIAL #1

"I feel that the I-Smile™ program has been very beneficial for our community. Through the I-Smile™ coordinator, many children who are in need of care have been sent to local dentists for care and some have found dental homes. Our I-Smile™ coordinator has also served as a valuable resource for other community projects involving dentistry."

- Eastern Iowa Dentist



Successes



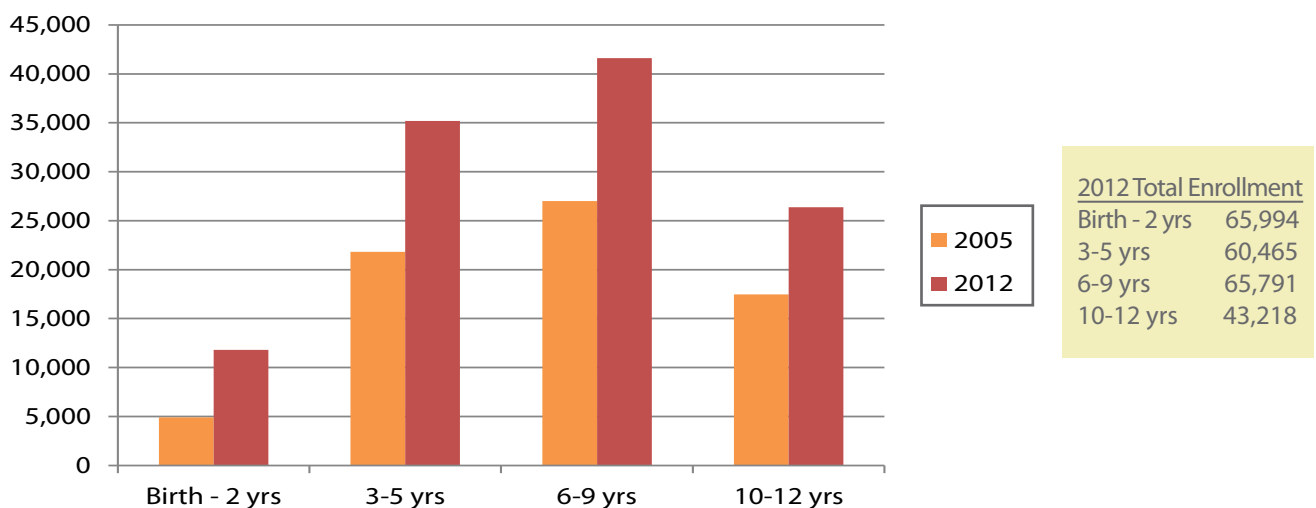
In 2012:

- MORE THAN 1½ TIMES AS MANY CHILDREN AGES 0-12 SAW A DENTIST FOR CARE THAN IN 2005
- NEARLY FOUR TIMES AS MANY CHILDREN AGES 0-12 RECEIVED CARE FROM A HYGIENIST OR NURSE WORKING FOR A TITLE V AGENCY THAN IN 2005
- 61% OF CHILDREN AGES 3-12 SAW A DENTIST

Based on SFY2012 Medicaid paid claims, Iowa Department of Human Services

Although the I-Smile™ dental home includes many provider types and settings, dentists play a critical role. A key strategy for I-Smile™ coordinators is building strong relationships with local dentists to encourage their willingness to accept referrals and be part of the I-Smile™ initiative. As a result, dental offices are seeing more Medicaid-enrolled children than ever before - 5 percent more than in 2011, and a remarkable 62 percent more than in 2005. (Figure 1)

Figure 1: Number of Medicaid-enrolled Children Receiving Dental Care from Dentists, 2005 and 2012



The Title V program, within which I-Smile™ operates, incorporates direct services only when needed to fill gaps in care. Because of access issues to dental care for low-income children, most Title V contractors have provided some gap-filling dental services for many years. Through I-Smile™, contractors have greatly expanded the number of gap-filling services that they provide to low-income children, in particular. For example, all I-Smile™ coordinators are required to ensure that children ages 2 and younger at WIC clinics receive screenings and fluoride varnish applications.

Several coordinators also facilitate preventive care at Head Start centers and preschools. In addition to the direct services, parents are being taught how to care for children's teeth, the importance of early and regular care, and are also offered assistance in setting up appointments with dental offices. Over half of I-Smile™ coordinators are also involved in administering school-based dental sealant programs for children ages 6-13 in schools with a large number of students at risk for tooth decay.

Other important partners are pediatric and family practice physicians, physician assistants, and nurse practitioners. In addition to oral health anticipatory guidance provided to parents, some are also applying fluoride varnish applications to Medicaid-enrolled children as part of the I-Smile™ dental home.

Another way that I-Smile™ is helping to increase the number of children who receive dental care is through health promotion and messaging. I-Smile™ coordinators conduct outreach and promotion activities, such as a statewide hospital project targeting new parents and the celebration of National Children's Dental Health Month in February. This year also included the launch of the I-Smile™ Facebook page, as well as I-Smile™ sponsorships on public television and radio spots, in order to reach parents with children's oral health messaging.

This multi-layered method of providing children preventive, diagnostic, and restorative dental care and building the awareness of parents and other community stakeholders will result in less dental disease and reduced costs to the health care system over time.

Challenges

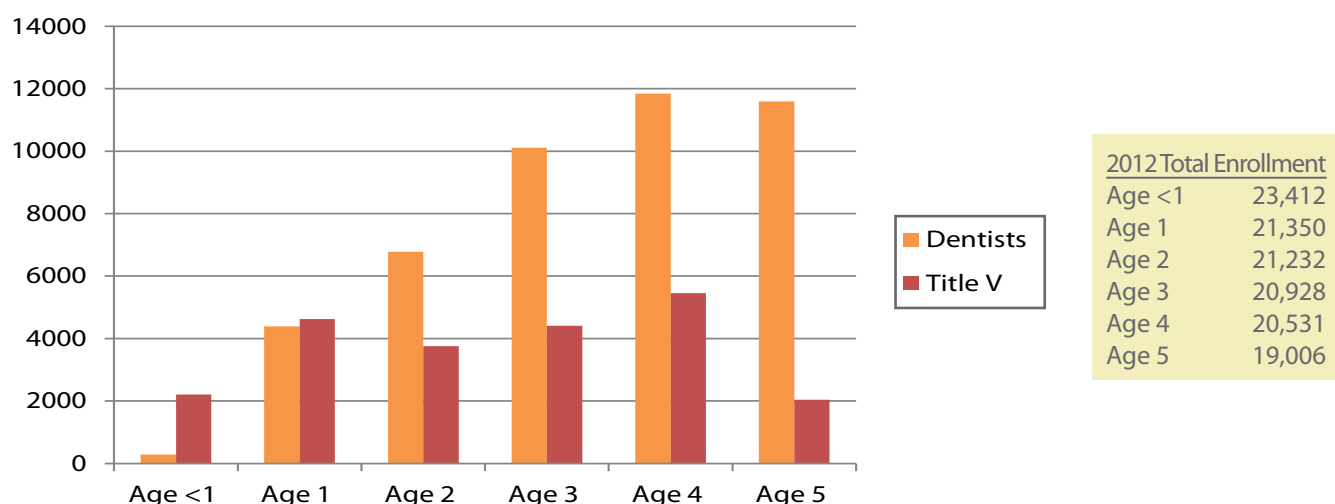
Although children younger than 3 are receiving more dental services than prior to I-Smile™, there are still too many who are not seen at all. It is critical that we work toward a system that includes the very young children in order to prevent tooth decay and decrease costs both now and in the future. Gap-filling care will continue through the Title V program, and dental offices will be encouraged to see very young children - with an emphasis on the first visit by the age of one.

In 2012:

- JUST 18% OF CHILDREN YOUNGER THAN AGE 3 SAW A DENTIST
- LESS THAN 300 CHILDREN YOUNGER THAN 3 YEARS OLD RECEIVED PREVENTIVE FLUORIDE DURING A MEDICAL WELL-CHILD EXAM
- THE NUMBER OF IOWA DENTISTS WHO SEE MEDICAID-ENROLLED CHILDREN IS STATIC (1,132 IN 2011 VS. 1,134 IN 2012)

Based on SFY2012 Medicaid paid claims, Iowa Department of Human Services

Figure 2: Number of Medicaid-enrolled Children Ages 0-5 Receiving a Dental Service from Dentists and Title V Agencies by Year of Age in 2012



Incorporating dental screenings and fluoride applications as part of well-child exams has not yet become standard of care for medical practitioners in Iowa. In 2012, 32 medical professionals provided fluoride varnish applications to just over 260 Medicaid-enrolled children younger than 3 years of age. I-Smile™ coordinators are required to contact pediatric and family practice medical practitioners to offer training, promote children's oral health and promote the age 1 dental visit. Yet this appears to be an area where we have not found the best means to build and nurture this component of the dental home for Medicaid-enrolled children.

Past efforts have focused on encouraging medical providers to include dental screenings and fluoride varnish applications during well-child exams. Future efforts will emphasize promoting referrals to I-Smile™ coordinators for children younger than 3. This may then increase the likelihood of children receiving preventive care in public health settings and completion of the referral process to a dentist for a diagnostic exam and treatment if needed.

The number of dentists providing care for Medicaid-enrolled children increased by just two in 2012, indicating that those who do see them are taking on more. In order to reduce the risk of overwhelming the limited number of dental practices seeing Medicaid patients, it will be necessary to continue to recruit pediatric dentists to the state, as well as to retain more dentists in rural communities. I-Smile™ coordinators must continue to foster these relationships and referral systems.

Audits of Iowa's dental screening requirement prior to kindergarten and ninth grade also reflect the need for involvement of dental hygienists and nurses to ensure that children receive a screening. Thirty-five percent of screenings last school year were done by non-dentists, indicating the existence of workforce issues and the need for non-traditional providers to play a role in children's access to routine and comprehensive dental services.

Another challenge facing some Iowa families is that some community water systems are opting to no longer fluoridate their water supplies to a level that is known to effectively prevent tooth decay. The I-Smile™ initiative is helping educate those involved about the benefits of fluoridation and the additional steps families must take to increase their exposure to topical fluoride when it is no longer concentrated in water supplies. Local and state partnerships will continue to be critical to prevent further attrition of this public health measure.

Next Steps

The future of I-Smile™ includes maintaining the gains already made and seeking to overcome existing and future barriers.

We must:

- Consider ways to increase medical professionals' involvement in the I-Smile™ dental home, such as seeking Medicaid policy changes to reimburse physicians for dental screenings and providing physicians with a standardized fax referral form to assist and encourage referrals of Medicaid-enrolled families to the I-Smile™ coordinator
- Ensure that the I-Smile™ strategies of prevention, risk assessment, and care coordination are included as part of the changes to the health care delivery system (i.e. Accountable Care Organizations and health home implementation)
- Continue regular training opportunities for I-Smile™ coordinators to maintain program consistency, quality assurance, and ensure the professional development of the public health workforce
- Seek ways to further evaluate the program for sustainability and possible replication to additional at-risk populations (e.g. elderly Iowans)

As I-Smile™ progresses, in addition to more children receiving dental care, we anticipate that Iowa children will be healthier – better able to speak properly, eat, grow, and thrive. Iowa children will be better prepared to learn in school, more parents will be aware of the importance of children's oral health, and community partners will know that I-Smile™ coordinators are available to assist families in accessing dental care.

These results will be integral to Iowa's goal of becoming the healthiest state.

TESTIMONIAL #2

"I-Smile™ provides a safety net for those populations that have nowhere else to turn. The coordinators facilitate a solution to the problem, (transportation, screenings, assistance, appointments at providers). It is a great thing Iowa has done and colleagues from around the country speak so highly of the program and are using this model! Keep up the great work!"

- Community Stakeholder

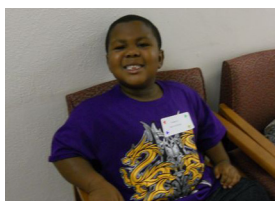




Table 1: Number of Medicaid-enrolled Children Ages 0-12 Receiving a Dental Service from Dentists

	Ages 0-2		Ages 3-5		Ages 6-9		Ages 10-12		Ages 0-12	
	Baseline	Current	Baseline	Current	Baseline	Current	Baseline	Current	Baseline	Current
	2005	2012	2005	2012	2005	2012	2005	2012	2005	2012
Number of children receiving a service	4,901	11,816	21,832	35,176	26,994	41,597	17,466	26,361	71,193	114,950
Total enrolled	48,573	65,994	40,396	60,465	43,981	65,791	30,726	43,218	163,676	235,468
Increase in number:	6,915		13,344		14,603		8,895		43,757	
Percent increase:	↑ 141%		↑ 61%		↑ 54%		↑ 51%		↑ 62%	
Rate of increase:	2.4 times		1.6 times		1.5 times		1.5 times		1.6 times	

Table 2: Number of Medicaid-enrolled Children Ages 0-12 Receiving a Dental Service from Title V Contractors

	Ages 0-2		Ages 3-5		Ages 6-9		Ages 10-12		Ages 0-12	
	Baseline	Current	Baseline	Current	Baseline	Current	Baseline	Current	Baseline	Current
	2005	2012	2005	2012	2005	2012	2005	2012	2005	2012
Number of children receiving a service	3,104	11,706	3,246	12,949	1,010	3,547	503	1,203	7,863	29,405
Total enrolled	48,573	65,994	40,396	60,465	43,981	65,791	30,726	43,218	163,676	235,468
Increase in number:	8,602		9,703		2,537		700		21,542	
Percent increase:	↑ 277%		↑ 299%		↑ 251%		↑ 139%		↑ 274%	
Rate of increase:	3.8 times		4.0 times		3.5 times		2.4 times		3.7 times	



I-Smile™ Success Stories

STORY #1

The mom of a 7-year-old called me (the I-Smile™ coordinator) because her son's stainless steel crown had come off for the second time. They'd had it reseated at a pediatric practice in another county once, but couldn't afford to do that again as they were going through bankruptcy. Mom had called two local providers who accept Medicaid, but neither would do a crown on a child. Mom was very frustrated and asked for help to get an appointment somewhere close. I told her if it had to be further away, our agency may be able to offer a gas voucher. She was thrilled with that little bit of helpful information.

I called another local dentist and explained the situation and was able to schedule an appointment for the following week. When I called mom back, she was so appreciative to have somewhere to turn for help! That same afternoon, I got a call from the dental office where I'd scheduled the boy for the next week. They'd had a cancellation that day and had called mom to see if they could come in. Mom made it work and got the crown placed that day.

She was so thankful to have the child's tooth protected once again. Without our ability to make the appointment for her, it's hard to say how long it would have been for the child to have that already weakened tooth vulnerable and exposed in his mouth.

STORY #2

A newly-single dad found himself suddenly responsible for arranging health care for his children. He was referred to I-Smile™ through a link on a school website, and called to request help finding a dentist for his children that would accept their Medicaid coverage. The I-Smile™ coordinator helped him set up an appointment with a local dentist.

Dad soon found out that his 12-year-old son had some complex problems with an upper front tooth that would require a root canal by an endodontic specialist to save it. If this wasn't possible, the tooth would have to be extracted to eliminate infection. Dad did not want to see his son lose the tooth at such a young age and be embarrassed by his smile. Unfortunately there was no endodontist accepting Medicaid in the county where they live. Dad called the I-Smile™ coordinator again.

A few months previously, the I-Smile™ coordinator had sent a mailing to local dentists to tell them about the challenges families face in getting dental care for their children and also highlighted the need for endodontists to accept Medicaid-enrolled families. One endodontist responded to the letter, and although he indicated he was not comfortable billing Medicaid, he volunteered to be available for a pro bono case if needed. The I-Smile™ coordinator called to schedule the child for a root canal with that endodontist. Dad was grateful that his son would be able to continue smiling with confidence.

STORY #3

Although many families may have some awareness their child needs to see a dentist, they sometimes don't know who to call or what to do. So they do nothing. This was the case for a mother of four kids, ranging in age from 3-9 years. She lives in a small town that is at least 45 minutes from any specialty dentists. The family only has one car, which her husband drives to work every day – so transportation has always been a barrier when trying to get medical or dental care. And the children have Medicaid coverage for their health care.

The two youngest children received screenings and fluoride varnish applications at their preschool through I-Smile's collaboration with the local Early Childhood Iowa program. Neither child had ever seen a dentist, and the 5-year-old had obvious decay. After the I-Smile™ coordinator's first phone conversation with mom, it was apparent that she understood the importance of getting her kids to the dentist, but was very overwhelmed in how to get it done.

Mom also told the I-Smile™ coordinator that her two older children hadn't seen a dentist for awhile. She knew that one had cavities, but didn't know who to call. The I-Smile™ coordinator helped to make dental appointments for the family and arranged transportation services. The two with known decay were seen by a pediatric dentist in another county within a week. Both needed restorative treatment in a hospital under general anesthesia. The other two children were able to be seen by a closer local general dentist.

A few months after all the kids' dental work was completed, Mom told the I-Smile™ coordinator that since the kids have been cavity-free they are eating much better and are able to eat things, like apples, they couldn't eat before. Mom is also much more aware of the importance of good oral health and the things that contribute to dental problems. She now gives her kids fruit as a snack, knowing it is a healthier choice than candy – which she knows contributed to their cavities. She has also noticed improved behavior in the 5-year-old, that she is less "whiny". She and their teachers have also recognized that their concentration has improved. Mom is grateful for the assistance she received from I-Smile™ and said "I want to share my story because there may be someone else out there just like me that needs assistance."

TESTIMONIAL #3

"As a former foster parent, I was well-aware of the difficulty in finding dental care for kids with Iowa Medicaid. In my current work, I often refer to I-Smile™ to assist parents in finding dental homes. I very much appreciate this service, as it alleviates the often time-consuming process for parents."

- Registered Nurse



STORY #4

This story spans over the past 11 years. We started seeing this boy when he was an infant at the WIC program and have followed him through our preschool fluoride varnish program, school dental sealant program, and requests for assistance from the school nurse. His parents were divorced and his mother had full custody. We tried multiple times to establish a dental home for this child, but mom would repeatedly miss appointments and not follow through on his routine care. The mother would only come to us when it was an emergency situation. About a year ago, Dad received full custody of this child. We saw him again at our community-based clinic, because other dental offices were hesitant to schedule him due to several past missed appointments and transportation was also a concern for Dad.

Appointment day came, and Dad and child arrived early for the appointment. The dental hygienist found that he had a probable abscess and severe decay on multiple teeth. We could get him an emergency appointment at the dental college, but transportation to Iowa City was a problem. The local mini-bus and the new DHS transportation do not provide emergency service on short notice. Dad could use his mother's car but there was no money available for gas. Our agency care coordinator worked with the family to get funding for gasoline, and a dental appointment was made for that afternoon. An emergency extraction was done and follow-up appointments were made for treatment and space maintainers at the dental college. Preventive care was completed at the community clinic.

Fast forward six months, and this child was ready for his recall appointment at the community-based clinic. Dad and child arrived early again - there were no apparent signs of any clinical decay and Dad had gotten his son to all of the follow-up and space maintainer appointments at the dental college. This child will now be able to go to local providers for routine and regular care. And better yet - the child is no longer that quiet little boy that we saw only when he was in pain. He has become a very outgoing, happy child whom dad states is doing much better in school too!



TESTIMONIAL #4

"I had made so many calls on my own and gotten turned down because of our insurance. I was frustrated!! A dental office that told me they couldn't help me gave me {the I-Smile coordinator's} number to call. She was able to schedule an appointment for me. Without her, I don't know what I would have done to get my child seen."

- Parent





STORY #5

A year ago, a second grader with Down Syndrome participated in our school-based dental sealant program. Just one sealant was placed, due to behavior issues and also dental decay that was found. The child's consent form indicated that the child had never been to a dentist and was covered by Medicaid. The I-Smile™ coordinator contacted the child's father and told him about the areas of concern that were identified during the screenings and the urgent need for the child to see a dentist. The father felt that due to the child's special health needs and behavior issues, they had never taken him to the dentist and they were not aware of any dentist that would accept Medicaid.

The coordinator assisted the family in finding a pediatric dentist that would accept new Medicaid patients and would be able to handle the child's special needs. The pediatric dentist provided the restorative treatment and a dental home was established. The family is now aware that they can take their child to a dentist and have a positive outcome, which they didn't think was possible due to their son's special health care needs.

TESTIMONIAL #5

"The I-Smile™ coordinator and program in this area of the state do a fine job of overseeing oral health concerns for all of our residents. It truly is a coordination of education and service."

- Western Iowa Dentist

